

**CLAIMS ONLY**

Application Number

D9-  
Applicant(s)

Filing Date

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep	2					
Total Depend	25					
Total Claims	27					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						